



PART-TIME BUS DRIVER

The Town of East Hartford seeks a part time senior citizens bus driver to pick up and bring senior citizens to Senior Centers, meal sites, and other activities. The work hours will usually, but not always fall between 8:30 a.m. and 4:30 p.m. and are approximately 4-5 hours per day but may vary according to need and mutual agreement. Occasional weekend and evening hours may be required. This position requires CDL with air brake and passenger endorsements. Rate of pay is \$13.00 per hour.

Completed application must be returned to:

Town of East Hartford
Human Resources Department
740 Main Street
East Hartford, CT 06108

Posting will remain open until sufficient applications are received

TOWN OF EAST HARTFORD

TITLE: Senior Citizens Bus Driver (Non-classified, part time)

DEPARTMENT: Department of Parks & Recreation
Senior Services Division

POSITION PURPOSE:

The purpose of this position is to drive the Senior Center Bus or vans for the Town's Transportation Program and to provide customer services to riders as needed including assisting passengers on and off the bus and securing wheel chairs. The Driver is responsible for maintaining and improving upon the efficiency and effectiveness of all areas under his/her direction and control.

SUPERVISION:

Supervision Scope: Performs responsible driving duties and record keeping requiring knowledge of Senior Center bus transportation program; and the exercise of customer service with courtesy and patience.

Supervision Received: Works under the supervision of Senior Center Coordinator following professional standards, procedure and policies.

JOB ENVIRONMENT:

Driving is performed in a moderately and loud noisy traffic environment; driving is done under possible adverse weather conditions, including extreme heat and cold.

Driver makes frequent and periodic contact with clients/riders, families/caregivers and Town staff. Communication is frequently in person or by telephone. Contacts require a high level of courtesy and patience.

ESSENTIAL JOB FUNCTIONS:

(The essential functions or duties listed below are intended only as illustrations of the various type of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.)

- Drive Senior Center Bus or other vehicles based on daily schedule of pickups; decide routes to take, receive calls for follow up pick ups; assist riders into bus and into seat if necessary; secure wheel chair and client in bus; follow safe driving rules.
- Responsible for inspecting vehicle for safety prior to operation and daily report problems to vehicle mechanics and Supervisor; clean inside of bus as needed.
- Drive seniors on special trips for entertainment purposes.
- Work hours will usually, but not always, fall between 8:30 a.m. and 4:30 p.m and will vary according to need and mutual agreement. Occasional weekend and evening hours may be required.
- Responsible for keeping track of ridership, mileage, fuel.
- Service vehicle with fuel, oil and water; check tires.

- Contact appropriate staff if there is an accident, injured rider, ill rider, or complaint from a rider.

MINIMUM REQUIRED QUALIFICATIONS:

Education, Training and Experience:

Must have a High School Diploma or GED and have over two (2) years of experience driving a CDL vehicle or related work experience; or any equivalent combination of education, training and work experience.

Special Requirements:

Must have and maintain: Valid state of Connecticut CDL with passenger and air brake endorsement. Must submit to CDL Drug testing and background check.

Knowledge, Ability and Skill:

Knowledge of municipal senior transportation programs; some knowledge of State Statutes related to driving; knowledge of records management.

Ability to deal with distressed senior clients; ability to recognize and identify and solve problems; ability to maintain working relationships with all clients and staff.



TOWN OF EAST HARTFORD

740 Main Street
East Hartford, Connecticut 06108
www.easthartfordct.gov

Phone
(860) 291-7221

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

APPLICANT'S NAME (LAST, FIRST, MIDDLE)				
STREET ADDRESS	CITY/TOWN	STATE	ZIP CODE	HOW LONG?
TELEPHONE NUMBER (HOME)		TELEPHONE NUMBER		
		Work () Cell ()		
POSITION APPLIED FOR Senior Citizens Bus Driver				
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
AVAILABILITY <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		DATE AVAILABLE FOR WORK		

EDUCATION

Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", highest grade completed: _____																
Name of high school: _____	Do you have a high school equivalency Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No																
Address: _____	Place HS equivalency was granted: _____																
List all colleges, business schools or technical schools you attended in chronological order, most recent listed first:																	
<table border="1"><thead><tr><th>School</th><th>Address</th><th>Course/Major</th><th>Degree/Certificate</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	School	Address	Course/Major	Degree/Certificate													
School	Address	Course/Major	Degree/Certificate														
List any licenses or certificates required for the position for which you are applying (e.g., CDL, nursing, engineering), including date of issue, issuing authority, expiration date and license/certificate number.																	
List any special courses, training programs or other training that is relevant to the position for which you are applying, including name and location where training was given, certificate received, if any, dates attended, subject of training, number of hours weekly (attach additional sheet if necessary).																	
List any office equipment or machinery you can operate that is relevant to the position for which you are applying.																	

RECRUITING INFORMATION How did you hear about this job? (Please check one)	<input type="checkbox"/> Newspaper Name of Newspaper: _____	<input type="checkbox"/> Community Agency Please give name: _____
	<input type="checkbox"/> Town Employee Name _____	<input type="checkbox"/> Internet name of website: _____
	<input type="checkbox"/> Referral Service Please give name: _____	<input type="checkbox"/> Other _____

List below, chronologically (most recent dates first) each place you were employed, omitting none (attach additional sheet(s) if necessary). Give correct, full addresses, and dates of non-employment in proper sequence. Include all part-time employment.

YOU MUST COMPLETE THIS SECTION EVEN IF YOU ARE ATTACHING A RESUME

IMPORTANT: May we contact your present employer? ☐ YES ☐ NO

Name of Employer		Job Title	
Address		City	State Zip Code
Dates of Employment: From ____ / ____ month year To / month year	Name and Title of Supervisor		Telephone Number
	Description of duties, responsibilities, and significant accomplishments:		
Salary:			
Starting \$ ____ per ____			
Ending \$ ____ per ____			
# Hrs. Worked Weekly	Reason For Leaving		

Name of Employer		Job Title	
Address		City	State Zip Code
Dates of Employment: From ____ / ____ month year To / month year	Name and Title of Supervisor		Telephone Number
	Description of duties, responsibilities, and significant accomplishments:		
Salary:			
Starting \$ ____ per ____			
Ending \$ ____ per ____			
# Hrs. Worked Weekly	Reason For Leaving		

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Dates of Employment: From ____ / ____ month year To / month year	Name and Title of Supervisor		Telephone Number
	Description of duties, responsibilities, and significant accomplishments:		
Salary:			
Starting \$ ____ per ____			
Ending \$ ____ per ____			
# Hrs. Worked Weekly	Reason For Leaving		

Have you ever been discharged from a place of employment for cause? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please describe _____



CERTIFICATION (READ CAREFULLY)

I hereby certify that the information I have provided on this application, including any attachments, is true and complete. I understand that if I falsify, omit or misrepresent any information on this application, or during an employment interview, should I be granted one, I may be disqualified from the selection process or discharged from employment, whenever the falsification or omission is discovered.

I understand that all statements made on this application are subject to verification. I authorize all persons or organizations listed on this application, except my current employer if noted above, to provide the Town with any and all information they may have concerning my previous employment, personal history, education and any other subjects covered by this application, and hereby release them, the Town, and the Town's current and former agents and employees from liability for any harm resulting from the disclosure of such information.

I understand that this application is not an employment contract, job offer or guarantee of employment. I further understand that if I receive a job offer, it is conditioned on my satisfactory completion of a criminal history check, drug test, medical examination and any other conditions listed in the job offer letter.

Signed _____

Date _____



Name: _____ Position Applied For _____

References: List below three individuals who can describe your qualifications for this position, preferably supervisors, professors, colleagues, etc.

Name: _____

Address: _____

Job Title: _____

Name of Work Place: _____

Phone: _____

Name: _____

Address: _____

Job Title: _____

Name of Work Place: _____

Phone: _____

Name: _____

Address: _____

Job Title: _____

Name of Work Place: _____

Phone: _____

TOWN OF EAST HARTFORD CRIMINAL CONVICTION INFORMATION

You are required to list any criminal conviction, regardless of the nature, date or location of the conviction, except for minor traffic offenses or a conviction that has been erased under Connecticut law. Attach additional sheets of necessary.

The types of criminal records subject to erasure under Connecticut law are: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which you were found not guilty; and (e) a conviction for which you received a full pardon. If your only criminal record consists of items that have been erased under Connecticut law, then you are deemed never to have been arrested with respect to the erased proceeding and may swear so under oath.

This information will be made available only to the members of the Human Resources Department and to those persons interviewing the candidate.

A criminal conviction will not necessarily disqualify you from the application process, but will be considered as it relates to the position you are seeking and in light of any applicable state or federal law.

Date of Conviction	Offense	Location of Conviction (City and State)	Sentence	Date Sentence Completed

The information provided above is subject to all of the terms and conditions set forth in the certification on page 3 of the employment application form.

Name (Print)

Position You Are Seeking

Applicant's Signature

Date

AUTHORIZATION & RELEASE

(GENERAL EMPLOYMENT)

TOWN OF EAST HARTFORD
DEPARTMENT OF HUMAN RESOURCES
740 MAIN STREET
EAST HARTFORD, CT 06108
(860) 291-7221

DISCLOSURE NOTICE TO JOB APPLICANTS

In connection with your employment application, a consumer report, and/or an investigative consumer report including information with respect to your credit history, criminal convictions, motor vehicle violations, employment history, education, character, general reputation, and personal characteristics, whichever are applicable, may be made. You have the right within a reasonable period of time after receipt of this notice to make a written request for additional information as to the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act. Such requests should be mailed to the address above.

In consideration of the Town of East Hartford's acceptance of my application to be considered for employment with the Town, I hereby voluntarily authorize the Town of East Hartford and its officers, officials, employees and agents to conduct a personality survey and to investigate my past employment history and activity, educational background, financial records, medical records, military records, criminal records, motor vehicle records, background investigation records, or whatever confidential or privileged information necessary to complete this investigation of my suitability to become an employee of the Town.

I hereby agree to cooperate in such investigation and acknowledge receipt of the above Disclosure Notice. I understand and agree that the Town may use copies of this Release to obtain information about me from whatever sources it deems necessary to interview, and expressly authorize such sources to provide assistance to me and the Town in my efforts to be employed by the Town of East Hartford. I also request that sources contacted by the Town accept a photocopy of this Release in lieu of an original, and hereby release and agree to indemnify and hold harmless any and all persons, including corporations and other business entities who may assist the Town in its efforts to determine whether or not I am a suitable candidate for employment.

I hereby acknowledge that I have read and fully understand the contents of this document and have freely signed same. I also agree that, if hired, this authorization shall remain on file and shall serve as an ongoing instrument for the Town of East Hartford to procure investigation reports at any time during my employment period.

This form must be notarized or witnessed by EHHRD in order to be considered for employment

Signature: _____ Date Signed: _____

Print Name: _____ Social Security No.: _____-_____-_____

Address: _____ State: _____ Zip Code: _____

Subscribed and Sworn to before me, a Notary Public, in and for County of _____,
and State of _____, this _____ day of _____, 20____.

Notary Public /or

My Commission Expires:

Witness -East Hartford Human Resource Dept.

Revised 02/08